

**JOIN US
“UNDER THE STARS”
FOR
THE TENNESSEE ORGANIZATION OF THE
DEAF-BLIND LEARNING RETREAT 2010
AT DOGWOOD LODGE
APRIL 22-25, 2010**

Dear Friend,

We are looking forward to a special retreat in April 2010 at Dogwood Lodge in Soddy-Daisy, TN where people who are Deaf-Blind can get together and share good times while learning about new technology, gaining new independent living skills, exploring new indoor and outdoor recreation experiences, and making new friends. Our theme will be “Under the Stars.” In addition, we will have activities like boating, arts and crafts, workshops, games, and dancing. And of course, we will have a cookout on Saturday night to celebrate our theme.

Dogwood Lodge is located on the water on a quiet inlet just off the beautiful Tennessee River. It is owned and operated by the First Baptist Church in Chattanooga, TN. We hope you can join us this year at:

**TODB Learning Retreat
April 22-25, 2010**

Begins Thursday (Registration from 1:00 – 4:00 pm)
Ends Sunday (2 p.m.)

Application Deadline: March 1, 2010

Volunteer SSPs (Support Service Providers) will help you access all parts of camp. If you know someone who wants to be an SSP at the retreat, please send us their name and mailing address. We will mail them a letter and SSP application. SSPs will only pay a \$25 fee.

The registration fee is \$200.00. This pays for room, meals, on-site activities, and TODB membership dues for the year 2010. Because of limited space and funds, we will only be able to accept 30 campers.

If you want to come to the 2010 TODB Learning Retreat 2010, here is what you need to do:

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1. Fill out ALL the forms in this application packet.
2. Sign the forms.
3. Enclose a \$50.00 deposit (non-refundable) with the application. The application will not be accepted if it does not include the \$50 deposit.

Make your check or money order payable to **TODB**.
In the memo line, write **Retreat 2010**.

4. Send your application packet with the deposit as soon as possible to:

John Forbes, TODB President
4040 Woodlawn Drive Unit 34
Nashville, TN 37205-1908

Phone: 615- 269-8864, if no answer, call 615-491-4917

In early February we will send you a letter to let you know if you have been accepted. If you are accepted, you will need to pay the balance of \$150 before March 1st. If you will not have enough money, you may be able to get some financial aid. **Please contact Lana Newton, TN Program Coordinator for Deaf-Blind Services at 423-634-6706 or email her at: lane.newton@tn.gov to ask for financial assistance.**

If you mail a \$50 deposit with your application, but our camp is full, we will refund your deposit.

If you have any questions, feel free to contact me or Lana Newton.

Sincerely,

John Forbes, Retreat Coordinator
Jc.forbes@comcast.net

615-269-8864

TODB Learning Retreat 2010
Camper Application

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PLEASE PRINT INFORMATION

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____ Gender: Male or Female

TTY or voice: (____) _____ Fax # _____

Email address: _____

Date of Birth: _____

Videophone number: _____

Text Messaging Address: _____

** Have you ever been convicted of a felony? Yes or No

Registration fee for the retreat is \$200.00. **A \$50.00 non-refundable deposit must be sent with application.**

If you are accepted, the balance of \$150.00 must be paid in full before March 1, 2010.

Please describe yourself:

- ☐ Deaf-Blind
- ☐ Deaf and Partially-Sighted or Usher Syndrome I
- ☐ Hard of Hearing and Partially-Sighted or Usher II
- ☐ Hard of Hearing and Blind
- ☐ Blind-Deaf

You prefer reading:

- ☐ Regular Print 12pt
- ☐ Large Print 14pt
- ☐ Large Print 16pt
- ☐ Braille

You prefer communicating via:

- ☐ ASL
- ☐ ASL with close vision
- ☐ ASL with tactile
- ☐ Manually-coded English
- ☐ Manually-coded English with close vision
- ☐ Manually-coded English with tactile
- ☐ Fingerspelling
- ☐ Braille
- ☐ Computer Access Notetaking
- ☐ Speech with ALD or hearing aids
- ☐ Print on Palm
- ☐ Other: _____

If you will be asking your own SSP to attend, write the SSP's name and address here: _____

Who do you prefer to be your roommate(s) at camp?

Do you have transportation to camp? Yes or No
If yes, how? _____

If you need a ride to camp, please contact Lana Newton at 423-634-6706 or lane.newton@tn.gov

Dinner will be served at 6:00 pm on Thursday.

You will arrive: _____ before dinner on Thursday.
_____ after dinner on Thursday.

If you will not arrive on Thursday, when will you arrive?

Day: _____ Time: _____

Agreement to follow Dogwood Lodge Rules:

I agree to follow all Dogwood Lodge Rules while participating in the TODB Learning Retreat 2010.

My Signature

Date

(If applicable, signature of guardian or witness)

Date

T-shirts may be provided for campers if they are available.
Please indicate what size you would prefer:

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ Extra Large
- ☐ 2X

Emergency Contact Information

Name: _____ Date: _____

Your family doctor's name: _____

City: _____ State: _____

Area Code

Phone Number

****In case of emergency, we need to contact the following people (you must have at least two people listed):**

1. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

2. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

3. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

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[illegible]

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(You are responsible to take care of your own medicine. **If you are diabetic, you must bring your own testing meter and testing supplies.**)

I am limited with the following physical activities and/or food restrictions:

[illegible]

Signature: _____

Signature: _____
(Guardian's signature if under 18 yrs old)

Relationship

TODB Learning Retreat 2010
Camper – Medical Release Form

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Sometimes, the wording of medical release forms is hard to understand, so below is the actual wording and a “simplified English” version. Please read both. They are the same thing.

Simple English version:

If I am too sick, or hurt, or can't think clearly, or can't make decisions, it is OK for the camp staff to decide about medical care for me. If it is an emergency, they can decide if I have treatment, and / or medicine, and / or surgery.

Actual Medical Release:

In the event that my consent cannot be readily obtained, the staff are authorized to consent on my behalf for necessary medical treatment. In case of medical emergency, the staff are authorized to obtain treatment for me, including medication, anesthesia, and / or surgery.

My Signature

Date: _____

(If applicable, signature of guardian or witness)

Date: _____

TODB Learning Retreat 2010
Camper – Release Forms

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Last Name: _____ First Name: _____

Here are three release forms for the TODB Learning Retreat 2010. Each form has an explanation in “Simplified English”. There is one place to sign, at the end of all the release forms.

Simplified English Version of Contract Releasing Liability:

I am responsible if:

- ☐ I become sick, hurt, or die at the retreat.
- ☐ Some of my belongings (suitcase, bags, money, etc.) are lost or damaged at the retreat.
- ☐ I am responsible if I become sick, hurt or lose anything when I travel to the *retreat* or travel home again.

I will not hold the Dogwood Lodge responsible if these things happen. The staff is not responsible. TODB Learning Retreat 2010 Executive Committee is not responsible. The TODB board is not responsible.

Contract Releasing Liability:

I, the undersigned, hereby assume all risks of personal injury, illness, death and damage to or loss of property. I expressly waive and release the TODB Learning Retreat 2010, its trustees, employees, agents and other retreat participants from any and all liability, claims, demands and causes of action whatsoever which arise from or in connection with my participation in the retreat, including traveling to or from the camp, for personal injury, illness, death or damage to or loss of property.

TODB Learning Retreat 2010
Camper – Release Forms (continued)

Simplified English Version of Harassing Conduct Release:

Dogwood Lodge and the TODB Learning Retreat 2010 will not allow harassing conduct. This means behaving in a way that bothers another person. It means after the other person tells you to stop bothering them, you don't.

Harassment can be:

- ☐ Verbal or Signal (calling people names, yelling at someone, swearing, teasing too much, criticizing volunteers or campers).
- ☐ Physical (pushing, shoving, poking, hitting anyone, following someone).
- ☐ Sexual (touching that is not comfortable for the other person, following someone, telling sexual jokes that bother another person).

I understand if I do these things, the Camp Coordinator or Acting Camp Coordinator may tell me to leave the camp.

Harassing Conduct Release:

Harassing or threatening conduct will not be tolerated at the camp. I acknowledge and agree that if my conduct or condition, in the judgment of the Camp Coordinator or Acting Camp Coordinator, poses a threat of harm to others or myself, I may be removed from the camp.

TODB Learning Retreat 2010
Camper – Release Forms (continued)

Public Relations (Please check one):

Sometimes TV or newspaper reporters will come to TODB Learning Retreat 2010 to write a story and take pictures.

Sometimes other photographers come to the TODB Deaf-Blind Learning Retreat 2010 to take pictures. TODB, Signal Centers, Vital Center for the Blind, HKNC, Chattanooga Parks and Recreation, Chattanooga News Free Press, the Tennessean and TN Division of Rehabilitation Services may use the pictures (in color or black and white) in publicity and training materials as seen fit by the Agencies or for the purpose of informing the communities about Deaf-Blind issues, and / or helping raise money for current and future TODB Learning Retreats.

- ☐ It is OK to photograph me or videotape me at the Camp.
- ☐ It is NOT OK to photograph me or videotape me at the Camp.

My Signature (or guardian if under 18 yrs old)

Date: _____